

Childcare Info Sheet

WHERE I WILL BE

WHEN I WILL BE HOME

PHONE NUMBER TO REACH ME

IF YOU CANNOT REACH ME



Contact Name _____

Phone _____

Contact Name _____

Phone _____

IN AN EMERGENCY CALL 911

HOME INFORMATION



Family Name _____

Phone _____

Address _____

ABOUT THE CHILDREN



Name _____

Date of Birth _____

Age _____

Other Information (allergies, medications, etc.) _____

Name _____

Date of Birth _____

Age _____

Other Information (allergies, medications, etc.) _____

PEDIATRICIAN



Name _____

Phone _____

Address _____

CLOSEST HOSPITAL



Name _____

Phone _____

Address _____

INSURANCE INFORMATION



Provider _____

Name of Insured _____

Group Number _____

Policy Number _____



Emergency Treatment Release

Name _____

Date of Birth _____

I, _____, hereby authorize any licensed physician, dentist, or hospital to give necessary emergency medical services to my child, _____, at the request of the person bearing this consent form.

Signature of Parent or Legal Guardian _____

Date(s) of Release _____

